

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

**FORM-GB**Gift or Bequest information received  
by a department or accepted by the  
Governor on behalf of the state**For office use only**

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

|   |                       |
|---|-----------------------|
| <b>DHS Glenwood Resource Center</b>                   |                       |
| Name of Department or Office<br>711 South Vine Street | Glenwood, IA 51534    |
| Mailing Address<br>712-525-1683                       | City, State, Zip Code |
| Area Code & Telephone No.                             |                       |

2012 MAY 11

PM 2:45

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

|   |  |
|---|--|
| Name                                      |  |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| Email Address                             | Area Code & Telephone Number (if different from above) |

**DONOR OF GIFT OR BEQUEST:**

|  |                       |
|--|-----------------------|
| <b>Brenna Falen, CNS Hosp Specialist</b> |                       |
| Name                                     |                       |
| 1950 Lake Park Drive                     | Smyrna, GA 30080      |
| Mailing Address                          | City, State, Zip Code |
| 913-558-9847                             |                       |
| Area Code & Telephone Number             |                       |
| Email Address (optional)                 |                       |

|  |                  |
|--|------------------|
| <b>4/27/2012</b>   | <b>\$ 109.14</b> |
| Date of Gift or Bequest  | Amount/Value*    |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |                  |

Provide a description of the gift or bequest and purpose thereof:

Pharmaceutical presentation luncheon for physicians, nursing staff &amp; psychologists

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
Signature

5/4/2012

Date

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 DES MOINES, IA 50319  
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|---|--|
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| Email Address                             | Area Code & Telephone Number (if different from above) |

**DONOR OF GIFT OR BEQUEST:**

|                              |                            |
|------------------------------|----------------------------|
| Kim O'Connor                 |                            |
| Name                         |                            |
| 300 Washington Ave.          | Pacific Junction, IA 51561 |
| Mailing Address              | City, State, Zip Code      |
| 712-527-4811                 |                            |
| Area Code & Telephone Number |                            |
| Email Address (optional)     |                            |

4/30/2012

\$ 150.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Assorted womens clothing for Client use

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Signature

5/4/2012

Date